

ARIZONA DEPARTMENT OF HEALTH SERVICES

STATE OF ARIZONA

} ss

County of Maricopa

CERTIFICATE NO. - 130 -

DOCKET NO. EMS 3356

THE ARIZONA DEPARTMENT OF HEALTH SERVICES has found, under the authority of A.R.S. § 36-2232 et seq and Pursuant to Department of Health Services rules, that public necessity requires the operation of

GRAPEVINE MESA FIRE DISTRICT

as a ground BLS ambulance service in the State of Arizona for the transportation of individuals who are sick, injured, wounded or otherwise incapacitated or helpless within the following service area, with the following central operations station and response times:

1. Service Area:

Beginning at the Southwest corner of section 21, T29N R17W, then to the Northwest corner section 28, T30N R17W, then to the Southwest corner of section 23, T30N R17W, then to the Northwest corner of section 11, T30N R17W, then to the Northwest corner of section 12, T30N R17W, then to the Northwest corner of section 01, T30N R17W, then to the Northeast corner of section 01, T30N R17W, then to the Northwest corner of section 19, T30N R16W, then to the Northeast corner of the Northwest ¼ of Section 19, T30N R16W, then to the Southeast corner of the Southwest ¼ of section 19, T30N R16W, then to the Southwest corner of section 19, T30N R16W, then to the Northwest corner of section 31, T30N R16W, then to the Northeast corner of section 31, T30N R16W, then to the southeast corner of section 31, T30N R16W, then to the Southwest corner of section 31, T30N R16W, then to the Northwest corner of section 19, T29N R16W, then to the Southwest corner of Section 13, T29N R17W, then to the Southeast corner of section 23, T29N R17W, then to the southwest corner of section 21 T29N R17W.

2. Central Operating Station: 30250 North Stillwater Drive, Meadview, AZ 86444

Now, therefore, by virtue of the authority vested in the Arizona department of Health Services, under the constitution and laws of the State of Arizona, does hereby grant this

AMENDED

CERTIFICATE OF NECESSITY

authorizing the operation of the aforesaid ambulance service for a period ending May 25, 2011 unless for cause sooner amended, suspended, revoked or terminated subject to the decisions and orders, and rules of the Department.

PROVIDED, that this certificate shall not be assigned nor transferred unless authorized by the Arizona Department of Health Services.



BY THE ORDER OF THE ARIZONA DEPARTMENT OF HEALTH SERVICES, IN WITNESS WHEREOF, I WILL HUMBLE the interim Director of the Arizona Department of Health Services, have hereunto set my hand and caused the official seal of the Arizona Department of Health Services to be affixed at Phoenix, Arizona on 7/22/09

Teddy Mellian
DIRECTOR

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3. Response Times:

- a. *Ten (10) minutes on thirty-five (35) percent of all ambulance calls.*
- b. *Fifteen (15) minutes on fifty-five (55) percent of all ambulance calls.*
- c. *Twenty (20) minutes on eighty (80) percent of all ambulance calls.*
- d. *Thirty-five (35) minutes on ninety (90) percent of all ambulance calls.*
- e. *Forty-five (45) minutes on ninety-five (95) percent of all ambulance calls.*
- f. *Sixty (60) minutes on one hundred (100) percent of all ambulance calls.*

4. Type of Transport: *Immediate Response*

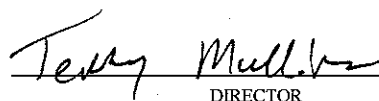
5. Hours of Operation: *24 hours per day – 7 days per week*

CERTIFICATE OF NECESSITY

(CONTINUATION PAGE ONE)

ISSUED 7/22/09

EXPIRES May 25, 2011


DIRECTOR